

Provider and Case Manager Presentation

December 15, 2003

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Questions

- We are presenting this material in two sessions
- To offer consistency in answers we will not be addressing any questions at this meeting
- Instead, we will be collecting index cards with your questions and will produce a written response for all attendees via our website at <http://www.in.gov/fssa/servicedisabl/>
- This presentation will also be posted on the website

Overview

- Direction of System
- Cost Containment
- Waiver Decision Process for RHS and T05
- Processing ICLBs and CCBs
- Other Issues
- Summary
- Additional Training

Direction of System (mid-to-long term)

- Individual independent assessments that set funding levels for at least one year
 - Decreases budget changes
 - Decreases time and money spent by system for non-direct services for individuals
 - Decreases demand on state infrastructure needs

Factors for Cost Containment

- Attempted to maintain services to persons currently receiving services
- Focused on maintaining services that directly impact the safety and health of individuals
- Preserved current rates for services for now
- Focused on needs not wants
- Guided the system toward greater efficiency to maximize the number of persons who can be served with current dollars

Other Potential Revenue Sources

- Special fund to pay for persons who exited state operated facilities last biennium and those who will exit those facilities this biennium
 - Currently, the DD residential account is funding these expenses
- Savings that would be realized if MSDC is closed prior to the end of the biennium
- “Hard Caps” on residential living allowance
- Elimination of daily rates although no specific targeted savings number has been projected
- Pursue group home placement to fill vacancies for individuals in emergency situations rather than ESS or waiver

Deficit Numbers (Residential Account – DDARS Portion)

Beginning Appropriation	67,301,121
Available	67,301,121
Residential Expenditures Estimate FY2004 (ICLBs)	(20,956,790)
Available for Waiver Transfer	46,344,331
Estimated Waiver Transfer FY2004	(80,006,131)
TCM & Case Management	(6,400,000)
Estimated SSW Transfer from Day Services	10,204,028
FWSDC Transfer-in (transition dollars)	3,154,464
MSDC Transfer-in (transition dollars)	7,547,823
Account Balance 6/30/04	(19,155,485)

Cost Containment Strategy

		FY2004 (\$M)	FY2005 (\$M)	Notes
Deficit Balance	Refer to Residential Account Analysis.*	(19.15)	(36.44)	
Additional Service	PCP Facilitation must be added.	(2.27)	(2.32)	
	Total Deficit	(21.42)	(38.76)	
Category	Activity			
Service Efficiency	Implement a new RHS (residential habilitation and support) policy.	3.48	10.11	
	Review each individual's budget that was refinanced from 100% State funding to the waiver at 75% of estimated savings.	4.69	9.38	
Service Elimination	Eliminate T02 and U02 slots (remaining of the 300 released in January 2003) - State Share	1.00	2.10	estimate, under review
	Eliminate Community Habilitation and Participation – Individual (CHPI) for individuals on the DD and Autism waivers. RHS hours (which are less expensive) will replace those hours.	0.38	1.14	
	Eliminate Community Education and Therapeutic Activity (CETA) for all waivers.	0.21	0.61	
Service Caps	Behavioral Management (BMAN) to 72 hours per year per consumer.	0.24	0.72	estimate, under review
	Cap Respite at \$2,000 per recipient per year across all types.	1.55	3.60	estimate, under review
ICLB Savings	Based on ICLB budgets for the above strategies at 75% of budget.	0.95	0.95	
Additional Options	No daily rate for RHS.			under review
	No Respite for Provider Agencies, only families.			under review
	RLA (Residential Living Allowance) cap.			under review
	Total Savings	12.51	28.61	
	Balance	(8.91)	(10.15)	
*Assumes the transfer from FWSDC and MSDC will take place. The estimated required is \$10.7M. The amount transferred in 2003 was approximately \$5.5M.				
**Savings may be overstated to the extent that these estimated savings do not include cost reduction strategies.				

Draft - Refer to Handout

Detail on Strategies

- RHS
- T05 Project
- Elimination of T02 and U02 Slots
- CHP
- CETA
- Behavioral Support Services
- Respite
- Daily Rates
- RLA Cap

Residential Habilitation and Support

- Refer to Handout
- Eliminating daily rate
- The following is an overview of the changes with RHS:
 - RHS1 – 35 hours or less per week
 - RHS2 – 35 hours or less per week, QMRP
 - RHS3 – 35 hours or more per week
- The following define the setting limitations:
 - 1 person setting = no more than 18 hours of RHS per day
 - 2 person setting = no more than 30 hours of RHS per day
 - 3 person setting = no more than 40 hours of RHS per day
 - 4 person setting = no more than 50 hours of RHS per day

Residential Habilitation and Support

- Clarification - Reimbursement for RHS includes the following activities:
 - Leisure time activities and community exploration
 - RHS2 (QMROP) - Direct or indirect support of an individual to assist with:
 - Advocating for individuals with regard to the administration of entitlements/benefits
 - Development of Individualized Support Plans and monitoring the implementation of the plan designed to meet targeted outcomes

Residential Habilitation and Support

- Clarification - Reimbursement **is not available** through Residential Habilitation and Support Services for the following:
 - Services furnished to an adult individual by that person's parent or guardian may not total more than forty (40) hours per week
 - The services of Adult Foster Care or Children's Foster Care are being furnished to the individual
 - RHS1 may not exceed thirty-five (35) hours of service per week

T05 Project

- The original purpose: To move individuals from ICLB (100% state \$\$) to the DD Waiver (38% state \$\$), and thereby reduce the cost to the state
- The end result: Services were added to the CCBs, resulting in a monthly cost increase of \$2.8 million, state and federal
- Current task at hand: Return CCBs to the service levels of the prior ICLB

T05 Project

- CMs with CCBs that increased over \$10 day (including CM) will need to submit revised CCB
- Spreadsheets identifying these CCBs are being mailed the week of December 15th
- Revised CCBs are due by Friday, January 16, 2004
- All service changes must be in effect February 1, 2004

T05 Project

- Services previously funded via Title XX, which were added to waiver will be individually reviewed
- Health care management is not health care coordination
- Behavioral Support Services require ample justification

T02 and U02 Slots

- There are approximately 79 slots for T02 and U02 that were targeted and turned down, we did not retarget
- Not assigning these slots
- Estimated savings is under review but we anticipate it to be \$1M in 2004 and \$2.1M in 2005

Community Habilitation and Participation

- CHPI will be removed as a service on the ICLB, DD and Autism Waivers
- CHPI will remain on the Support Services Waiver and as a Title XX Service
- Community Habilitation and Participation -- Facility Based Group, Individual and Community Based Group will remain
- Any individuals currently receiving funding for CHPI on the ICLB, DD or Autism waiver as a part of a traditional Facility or Community Based Day Program, may have this service funded with Title XX funds within the funding limitations for Title XX services

Community Habilitation and Participation

- Community Habilitation and Participation Definition has been revised (see handout)
 - Community-based activities are intended to build relationships and natural supports
 - Community-based activities are to be in integrated settings (staff is not included as a part of an integrated setting)
 - Supervision, monitoring, training, education, demonstration or support is intended to assist with the acquisition and retention of skills (not simply being in attendance at the activity)
 - For 1:1 ratio, each individual should be participating in his or her own activity with appropriate staff
 - It is not acceptable to have several consumers in a group with 1:1 staff

Community Habilitation and Participation

- Community Habilitation and Participation points from existing definition
 - Leisure activities need to be therapeutic in nature and not diversional
 - Activities that would normally be a component of a person's residential life or services are not allowed (i.e. banking, grocery shopping, medical appointments, running errands, etc.)

Community Education and Therapeutic Activities (CETA)

- CETA will be removed as a service for the ICLB, DD, Autism and Support Services Waivers
- Providers may bill for service dates up to January 31, 2004.
- There are currently no plans to supplement CETA activities for those receiving Residential Living Allowance via an ICLB
 - In the process of evaluating planned activities that will be allowed on the ICLB
- Case Managers and Providers are encouraged to pursue activities with no charges or other sources for funding, such as scholarships, in-kind donations, sponsorships, civic groups, etc.

Behavioral Support Services

- Behavioral Support Services will remain unchanged at this time
- Currently average is 7 hours
- We are reviewing the cost savings generated from a cap at 6 hours
- Waiver Specialists and Service Coordinators will continue to review the amount of hours being requested per month for this service

Behavioral Support Services

- Six hours per month will be used as a guide and the expectation for this 6 hours will include:
 - Observation of the individual and environment for purposes of development of a plan to determine a baseline
 - Development of a behavioral support plan and any subsequent revisions.
 - Training in assertiveness
 - Training in stress reduction techniques
 - Training in the acquisition of socially acceptable behaviors

Behavioral Support Services

- Six hours per month will be used as a guide and the expectation for this 6 hours will include:
 - Training staff, family members, roommates, and other appropriate individuals on the implementation of the behavioral support plan
 - Consultation with team members
 - Consultation with HSPP
 - Documentation as required by 460 IAC 6
- Justification will need to be made in cases requesting to exceed 6 hours.

Respite

- Respite will remain unchanged
- Reviewing a cap at \$2,000
- Waiver Specialists will use \$2,000 per year as a guide to be consistent with what is allowed under the State Respite Program and Support Services Waiver
- Respite should not be included on a CCB or ICLB for use by the provider of services. Respite as a separate service is only allowed for the relief of the family member or other unpaid caregiver

Additional Options Currently Under Review

- Respite – Reviewing a cap
- Behavior Support Services – Cost savings under review
- No daily rates – Cost savings under review but we will implement no daily rates
- Residential Living Allowance – Reviewing a cap

Waiver Decision Process for RHS and T05 Project

- Cost containment changes to CCB's and ICLB's will require a new budget
 - All ICLBs and CCBs will need to be resubmitted by January 16, 2004 unless the CCB or ICLB falls within the cost containment guideline
- Each budget must be filled out completely and accurately in order for it to be processed
- If basic information is left off, a waiver specialist will submit a MWURequest

Waiver Decision Process for RHS and T05 Project

- CCBs and ICLBs are looked at to determine if overall basic budget guidelines are included (i.e. RHS hours, number of case management hours, level of care etc.)
- For the T05 project, the CCB needs to be returned to prior ICLB amount plus about 6 hours of case mgmt.
- If all of these areas are completed within the guidelines then the CCB should be approved
- If in the course of review there are service areas that exceed basic guidelines the waiver specialist will look within the budget for justification
 - This may include additional staffing hours or additional case management hours, RHS increase etc.

Waiver Decision Process for RHS and T05 Project

■ Justification:

- If the budget exceeds the guidelines established the waiver specialist reviewing the budget will determine if the justification is sufficient enough to approve the higher cost
- If the waiver specialist cannot determine if the justification is sufficient to approve the budget then he/she will send back to the case manager a Medicaid Waiver Unit Request for information
- The case manager will be asked to go back to the individual's support team and review the budget to obtain more reliable justification or to reduce the cost

Waiver Decision Process for RHS and T05 Project

■ Justification:

- Each Waiver Specialist has a set of guidelines which serve to help them be consistent in determining approval
 - Refer to November 18, 2003 presentation
- If budget exceeds costs outlined in the cost containment policies it will automatically be reviewed by the Exception Review Team
- The process for the Exception Review Team is under review, will be ready at training in January
- It must be noted that all budgets from this point forward need to be submitted at least 6 weeks in advance of expiration date
 - This will enable us to have the budgets in place prior to the current one expiring

Processing CCBs and ICLBs

- A new ICLB form will be available on January 8, 2004, to reflect the changes in services
- This will be available on www.in.gov/fssa/servicedisabl
- The new form will be available in PDF format only
- Providers will need to have Adobe Reader
 - Using this method, you will need to print off your document to submit
 - You will not be able to save your data

Processing CCBs and ICLBs

- Providers could also use Adobe Approval
 - This will allow you to save your document, but does have a \$39 fee
 - Using Adobe this will assist us in processing the ICLB faster as this will allow Central Office to directly import the information as opposed to manually entering all the data
- BDDS is working on an automated system to e-mail ICLBs into the State.
 - We are in the final development stages and hope to have this available soon
 - Adobe Approval will be required for this process, if implemented

Processing CCBs and ICLBs

■ ICLBs

- New ICLBs will need to be submitted for all services affected by the changes
- Providers and District Offices will be mailed a list by December 19, 2003 of the consumers that will need to have ICLBs revised
- All affected ICLBS will be stop dated January 31, 2004
- ICLBS currently in process that include services through January 31, 2004, will continue to be processed
- ICLBs with services starting February 1, 2004 or after will need to be completed on the new ICLB form

Processing CCBs and ICLBs

■ CCBs

- New patch will be available on January 8, 2004, to reflect the changes in services
- Case Managers will be notified by December 19, 2003 of the consumers that will need to have CCBs revised
- On January 7, 2004, all CCBs currently on the Waiver Hot Lists needing to be revised will be returned to the case manager to make necessary revisions
- From December 15, 2003 until January 8, no update or annual CCBs should be submitted with services that extend past February 1, 2004, unless it is an emergency
- Consult with your local BDDS office if a budget needs to be addressed during this time period

Processing CCBs and ICLBs

■ Notes on CCBs:

- Waiver Specialists will be reviewing any \$10/day or 10% increase based on the last approved Annual CCB, not on each update
- Elimination of certain services, such as CHPI or CETA, does not grant liberty to maintain a budget at that same dollar amount by adding other services
- When reviewing the revised CCBs, the Waiver Specialists will be comparing service-to-service for increases

Other Issues

- Staffing Needs
- Define issue of 1:1
- Guidelines for Determining Staffing Needs
- IAS – revising to daily rate, training
- PCP – introducing PCP, rule in effect since 6/1/03
- AFC
- CCB Issues with INsite
- EDS Help Desk for Waiver Claims
- Housemate Issues
- Emergency Support Services policy
- Family Letter
- Title XX and Medicaid Application

Staffing Needs

- Support Teams needs to carefully look at staffing needs
 - Clarity in CCB/PCP Profile of staff needs
 - Clarity if need for 24/7 versus 1:1
 - Look at specific staff roles during coverage
 - Shared staff
 - When time is needed for targeted 1:1
 - Need for night staff
 - Technology

Defining 1:1

- It is the intent of BDDS to provide necessary levels of staffing including one-to-one or more intense supervision for the purpose of providing behavioral supports, implementing behavioral training procedures to meet consumers' needs, and to provide protection from harm
- Intensive Staffing is an intrusive and restrictive intervention, the application of which should be limited to those circumstances in which less restrictive measures cannot adequately ensure protection from harm for the consumer or others

Defining 1:1

- Indicators for use of this intervention may include:
 - Continued assaultive or self-injurious behaviors for which less restrictive interventions have been ineffective in preventing serious injury to self or others
 - Actual suicide attempts.
 - A significant exacerbation of an existing behavior which poses a threat of significant harm to self-or-others.
 - Medical condition requiring frequent support, intervention or monitoring.
- ***Intensive Staffing is meant to be a short-term intervention that will allow implementation of specific therapeutic interventions to bring about behavior change or resolution of a medical condition.***

Defining 1:1

■ Purpose

- To establish a process for initiating and reviewing intensive staffing for consumers who require staffing arrangements
- The purpose of intensive staffing is to alter the consumers current behavioral repertoire by decreasing maladaptive behaviors, teaching adaptive behaviors, or providing temporary interventions that assure the consumers safety (e.g., protect wound dressings, monitor signs and symptoms of acute medical events)

■ Usage

- This policy applies to all Supported Living Providers

Guidelines for Determining Staffing Needs

■ 1:1 Staffing-Intensive

- Consumers requiring intensive staffing supports may require 1:1 staffing at all times
- The staff cannot be shared with another consumer in the same home
- This may also occur when a consumer cannot live with another consumer and must live in his/her own home requiring 1:1 staffing
- Some examples would be due to intense maladaptive behavioral incidents, and these behaviors would deem the environment unsafe or dangerous
- The consumer may be assaultive, which would threaten the safety and security of another consumer or staff. In this case the behavior plan would indicate this need and the process for reducing these behaviors
- 1:1 staffing may be needed when there are major medical needs, which require constant total care
- In this case consideration to reduce staff would be reviewed on a quarterly basis, or as soon as conditions improve

Guidelines for Determining Staffing Needs

■ **24 hour shared staffing-Non Intensive**

- Consumers requiring non-intensive staffing would require 24 hour shared staffing or less.
- These consumers may need 1:1 during the course of the day for ADL's, specific programming and lifting or transferring.
- They may be able to independently relax or function while staff attends another consumers needs in the residence.
- The residence could have anywhere from one to four consumers.

Guidelines for Determining Staffing Needs

■ Intermittent Staffing-Non Intensive

- Consumers requiring non-intensive staffing in this setting would require less than 24 hours of staffing
- They may at any given time of the day be without staff
- Can identify health and safety issues and has a means for getting help when needed
- The level of non-staffed hours should be determined by the individual support team, and evaluated on a quarterly basis or whenever change takes place which causes a significant health and safety risk
- Examples would be a hospitalization or a change in behavior

Guidelines for Determining Staffing Needs

- Documentation for Staffing Levels
 - CCB PCP Profile needs to clearly identify how staffing levels arrived at
 - BQIS has investigated complaints and will use that information in the person centered planning profile to determine what staffing level is required

Independence Assistance Services

- IAS includes activities to monitor the continued acquiescence of skills and provide assurance that the identified programmatic structure developed with the consumer for the basic protection of health and safety is being maintained

Independence Assistance Services

- Activities to provide monitoring and supervision include, but are not limited to, assurance of the following:
 - Appropriate handling of own finances, bank accounts, bill payment, etc.
 - Proper administration of own medication, attention to regular health care needs, seeking appropriate medical attention, etc.
 - Sustaining prescribed dietary plans and grocery needs
 - Maintenance of household care and responsibility
 - Acceptable personal care and grooming
 - Demonstration of appropriate self-direction and decision making skills

Independence Assistance Services

- Noteworthy changes for IAS:
 - IAS1 and IAS2 at \$750 and \$1,000 per month respectively will be eliminated
 - IAS will continue to be a service on the ICLB, Autism and DD Waivers
 - IAS will be a unit rate of \$6.13 per 1/4 hour (or \$24.52 per hour) up to a maximum of 30 hours per month or \$735.60
 - A minimum of 50% of the time must be direct face-to-face contact
 - Indirect time may be included to adequately monitor the consumer's skills
 - Case Management should be limited to 3 hours per month
 - All ICLBs and CCBs with this service will need to be revised

Person Centered Planning

- Person Centered Planning Facilitation Services means services that are provided by a provider that guide an individual through the person centered planning process
- Person Centered Planning and Individualized Support Plans are required by rule 460 IAC 7 effective June 1, 2003
- PCP Facilitation as a paid service will be available February 1, 2004 on the Support Services, DD and Autism Waivers
 - It is not available on the ICLB
- A maximum of 3 hours/year can be billed for preparation of an Initial/Annual
- A maximum of 3 hours/year can be billed for preparation of update
- These time limits are not necessarily meant to be all inclusive of the time needed in the preparation
- Rate is \$9.56 per quarter hour

Person Centered Planning

- Case Managers can be PCP Facilitation Providers
- Current community developmental disabilities provider agencies under 12-11-1.1 utilizing qualified facilitators can be approved as providers. Send a written request to:
Renee Rawls
402 West Washington, W453
PO Box 7083
Indianapolis, IN 46207-7083
- New providers need to apply as a provider, information can be found at
www.in.gov/fssa/servicedisabl/provider/providerapproval.htm.
- For questions, contact Renee Rawls at 317-234-3066 or RRawls@fssa.state.in.us

Adult Foster Care/Children's Foster Care

- Rates for AFC and CFC will change to daily rates effective February 1, 2003
- Daily Rates will be as follows:
 - Level 1 = \$49.32/day
 - Level 2 = \$73.97/day
 - Level 3 = \$98.63/day
 - All ICLBs and CCBs with this service will need to be revised

CCB Issues with INsite

- Over the past several weeks there has been an increase in problems impacting CCB's on the INsite Hot List, corrective action has been taken and those impacted by the specific issues and have been notified
- We are aware there are still difficulties with importing and exporting information
- If you have CCB's that you believe have NOT reached the state, please print out a report documenting the name of the client, the client's SSN, the CCB serial number and the date you exported the CCB and forward it to Lteninty@fssa.state.in.us and they will be investigated

EDS Help Desk (Waiver Claims)

- Claim submission changes were required in October 2003 and we trust that you have in place and are ready to bill using the national codes, unit sizes and rates that are replacing those that have been unique to Indiana's Waiver program
- There will be challenges implementing the new codes and billing requirements
- If you have doubts about your capability to bill for Waiver services after January 1, you need to visit the Indiana Medicaid website at <http://www.indianamedicaid.com>
 - This site will provide invaluable information about HIPAA and the Web InterChange for provider billing, claim status, and recipient eligibility

EDS Help Desk (Waiver Claims)

- When you do have issues with billing and payment of Medicaid Waiver claims there are items you can review prior to calling the help desk
- As a first step you should review the Provider Remittance Advice form for the services that were denied, the denial code and explanation
 - On your own or with the help of the Web InterChange, you should be able to correct information that caused denials involving the individual's name or RID number, the referring, rendering or billing provider numbers, or duplicate claims
- From the NOA form you should be able to check whether you used the correct billing codes and date range
 - If you have doubts about having the correct NOA form, you should contact the individual's Case Manager

EDS Help Desk (Waiver Claims)

- For additional assistance with the status of enrollment, billing and payment issues we ask that you contact: EDS Provider Enrollment/Waiver Staff at 1-877-707-5750
- You will be connected with a person with specific knowledge and will be able to answer most questions concerning individuals served by the Medicaid Waiver program
- If that person is not able to answer your specific questions, he or she will make a referral on your behalf to the Division of Disability, Aging and Rehabilitative Services

Housemate Issues

- The state will mediate when two consumers' come together to form a single household if there are two residential providers involved, consistent with dispute resolution portion of Rule 6
- The state believes that it is not feasible to have two different RHS providers in a single setting
 - This is an unfortunate but necessary limit of choice
- Housemates need to share staff and living expenses

Crisis Assistance Services

- This includes both Crisis Assistance Services and Emergency Support Services
 - Emergency Support Services (ESS) requests will be funded via an ICLB starting 2/1/04 (see handout for specifics to this policy)
 - Providers have ESS in their Grant Agreement if approved to provide this service
 - For Crisis Assistance Service, an application for this service will need to be made. Information on how to apply to provide this service can be found at www.in.gov/fssa/servicedisabl/provider/providerapproval.htm
 - If this service is not included in your provider Grant Agreement, a contract amendment will need to be made to add this service. Contact Greg Jinks at gjinks@fssa.state.in.us
 - Note: The policy distributed does not include RLA as a part of ESS. This is an error and the final approved policy will be posted to the web site.

Family Letter to Share Information

- We are drafting a letter for you to send to families.
- Content will include the following:
 - The State is facing a significant deficit
 - The State will be scrutinizing all submitted budgets
 - Previously approved budgets may have services questioned if not adequately justified
 - Case Managers will be asked to take questions/issues back to the Individual Support Team (IST) to discuss revisions, justifications, or possible reductions in services
 - Any increase in services will need to be based on health or safety needs
 - Cooperation is needed to support as many individuals in the community as possible

Title XX and Medicaid Application

- We asked that all Title XX consumers apply for Medicaid benefits by November 30, 2003 (this was an extension from September 30)
- If a consumer qualified then we ask that they please follow through on the process
- If they did not qualify we asked that they provide that information to the provider in a written document for audit purposes
- **For those who chose not to apply for Medicaid services as evident by not having proof of denial or approval, the provider will no longer be able to bill for the services currently being provided under Title XX**
- The state will not be reimbursing those services effective December 1, 2003
- Billing the state without Medicaid proof of denial will result in non-payment of services

Cost Containment Training and Regional Meeting Schedule

- Tuesday, January 6, 2004 - **SOUTH** - New Albany-Floyd County Library (capacity 150)
 - Two Sessions Morning 10 - 12 , Afternoon 1 -3
 - Need to register with Sandy Baxter sbaxter@fssa.state.in.us or call 877 218 3529
- Wednesday, January 7, 2004 - **NORTH** - Fort Wayne State Developmental Center (capacity 100)
 - Two Sessions Morning 10 – 12, Afternoon 1 -3
 - Need to register with Karen Ebey kebey@fssa.state.in.us or call 877 218 3061
- Friday, January 9, 2004 - **CENTRAL** - Indiana Government Center South (capacity 300)
 - Two Sessions Morning 10 – 12, Afternoon 1 -3
 - Need to register with Pearl Faust pfaust@fssa.state.in.us or call 800 454 7763, ext 34848
- Tuesday, January 13, 2004 - Room To Be Announced Time: 10 a - 3 p
 - **Training for Service Coordinators (already identified) to assist with the Approvals of Revised CCBs and ICLB**